



## 2015 Summer Library Program Every Hero Has a Story Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Circle One:    Independent Reader    Family Reader

Completed Program:    ☐ Yes    ☐ No



## Every Hero Has a Story Reading Contract

I agree to read \_\_\_\_\_ books or \_\_\_\_\_ minutes this summer as part of  
the "Every Hero Has a Story" summer reading program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Librarian: \_\_\_\_\_

